

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS
WESTERN DIVISION

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT ARKANSAS

MAR 13 2013

JAMES W. McCORMACK, CLERK
By: SBrown
DEP CLERK

HERMAN WARREN,
Individually and as parent and Guardian of
JORDAN WARREN, a minor and
ANNIE WARREN

VS.

THE UNITED STATES OF AMERICA

CIVIL ACTION NO:

4:13-CV-137 JMM

This case assigned to District Judge Moody
and to Magistrate Judge Rdy

COMPLAINT

Comes Plaintiffs, Herman Warren, Jordan Warren, and Annie Warren, by and through counsel, LaTonya Laird Austin, The Austin Law Firm, PLLC, and for their Complaint, states:

1. Plaintiffs was all times relevant hereto residents of North Little Rock, Pulaski County, Arkansas. The negligent act complained of herein also occurred in Pulaski County which is in the Western Division of the Eastern District. Thus venue is proper in this court pursuant to 28 U.S.C. §1402(b).

2. Defendant owns and operates a VA Medical Center in North Little Rock, Arkansas ("VA") through which it employs hundreds of people, including Carlton Dickerson. Mr. Dickerson was at all times described herein operating in the course and scope of his employment with the VA.

3. This Court has jurisdiction under 28 U.S.C. §1346.

4. This is a negligence case involving a motor vehicle collision between the Plaintiffs and an employee of the VA, as more fully described herein, and is brought under the Federal Tort Claims Act, 28. U.S.C. §2671, *et. seq.* Plaintiffs presented a claim to the VA via Form 95 in writing as evidenced by Exhibit "A" attached hereto. On September 27, 2012 those

claims was denied in writing by the VA as evidenced by Exhibit "B" attached hereto. Plaintiffs bring this suit as the result of the denial of their claim.

5. On December 30, 2011, Plaintiff was turning northbound on Moss Street in North Little Rock when the Plaintiffs were struck by a white Tahoe owned by the Department of Veterans Affairs and driven by VA employee, Carlton Dickerson, pulled out from Short 17th Street (eastbound), failing to stop for the Plaintiff's vehicle, striking it on its driver's side. The collision resulted in property damage and injury to the Plaintiffs.

6. Carlton Dickerson, while in the course and scope of his employment with the VA, in causing the above described collision, was negligent in the following respects:

a. failing to stop;

failing to maintain a proper lookout;

otherwise failing to exercise reasonable care and to obey the rules of the road applicable to operators of motor vehicles; and

filing a false accident report.

7. As a proximate result of the negligence of Defendant, imputed to it by the actions of its employee, the Plaintiffs have sustained the following injuries and damages:

a. physical injury;

b. pain, suffering and mental anguish experienced in the past and reasonably certain to be experienced in the future;

c. medical expenses incurred in the past and reasonably certain to be incurred in the future.

d. lost wages and employment,

loss of consortium.

8. With respect to all claims of the Plaintiffs, the Defendant's agent, servant and employee, Carlton Dickerson, was at all times acting within the scope of his employment with

the Defendant, under circumstances where Defendant, if a private person, would be liable to the Plaintiff in accordance with the law and pursuant to the Federal Tort Claims Act. WHEREFORE, Plaintiffs pray that upon trial of this matter Plaintiffs be awarded judgment against the Defendant and for all other relief to which Plaintiffs may be entitled.

Respectfully submitted,
HERMAN WARREN, Individually and as parent and Guardian of
JORDAN WARREN, a minor and
ANNIE WARREN

BY:

A handwritten signature in cursive script, appearing to read "LaTonya", is written over a horizontal line.

LaTonya Laird Austin (ABN2002102)
300 S. Spring St. Ste. 415
Little Rock, AR 72201
(501)324-9300
(501)374-2662 *fax*
austinlaw@hotmail.com

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: OFFICE OF VETERANS AFFAIRS Department of Veterans Affairs 2200 Fort Roots Drive North Little Rock, AR 72114		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) The Austin Law Firm 300 S. Spring St., Ste. 415 Little Rock, AR 72201		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 11-5-77	5. MARITAL STATUS married	6. DATE OF ACCIDENT 12-30-2011	7. TIME (A.M. or P.M.) 7:15pm.
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) On Dec 30, 2011 Herman Warren was hit by a VA Security guard Carlton Dickerson. My client sustained physical injuries which cause him to be terminated from his place of employment. He also has damage to his vehicle. See attachment.				
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)				
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) 2007 Chevrolet Tahoe damage to left side (front) property is located at my clients home. See estimate attached.				
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Mr. Warren sustained injuries to his back and left leg. Due to Cfc. Dickersons negligence Mr. Warren has Metal ga Praasthetic in the leg. see attached medical records.				
11. WITNESSES				
NAME		ADDRESS (Number, street, city, State, and Zip Code)		
Jordan Warren		1424 W. 16th North Little Rock, AR 72114		
12. (See instructions on reverse)		AMOUNT OF CLAIM (In dollars)		
12a. PROPERTY DAMAGE 3927.58	12b. PERSONAL INJURY 10,152 / 152,262.07 <i>Loss wage / Penalties</i>	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 136,841.65	
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.				
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) Herman Warren		13b. Phone number of signatory 501-324-9300 ALF 501-348-1375		14. DATE OF CLAIM 2-7-12
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 38 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☒ No

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

N/A

17. If deductible, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes, If yes, give name and address of insurance company (Number, street, city, State, and Zip Code)

☐ No

N/A

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.		FORM APPROVED OMB NO. 1105-0008	
1. Submit To Appropriate Federal Agency: OFFICE OF REGIONAL COUNSEL (OS/OMVLR) Department of Veterans Affairs 2200 Fort Roots Drive North Little Rock, AR 72114			2. Name and address of claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) The Austin Law Firm 300 S. Spring St., Ste. 415 Little Rock, AR 72201		
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN		4. DATE OF BIRTH 1-22-99		5. DATE OF DEATH 12-30-2011	
6. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) On Dec 30, 2011 my client was a passenger in the vehicle when officer Dickerson struck the side of the vehicle in which she was riding. I have attached the police report.					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT. (Number, street, city, State, and Zip Code) N/A					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) N/A					
10. PERSONAL INJURY/WRONGFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. Ms. Warren sustained back and wrist injuries. She also sustained mental stress due to the accident which caused her to start her menstrual. See medical records attached.					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
Herman Warren		1424 W. 16th North Little Rock, AR 72114			
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE		12b. PERSONAL INJURY		12c. WRONGFUL DEATH	
N/A		3908.00, 1954.00		N/A	
12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 23448.00					
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)				13b. Phone number of signatory	
Herman Warren, minor Jordan Warren				501 324 9300	
14. DATE OF CLAIM					
8-7-12					
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.
A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. Principal Purpose:** The information requested is to be used in evaluating claims.
C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - Insert the word NONE where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

- (a) in support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE REPRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

- (b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

- (d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to
 Director, Torts Branch
 Civic Division
 U.S. Department of Justice
 Washington, DC 20530

and to the
 Office of Management and Budget
 Paperwork Reduction Project (1105-0008)
 Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. ☒ No

N/A

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

N/A

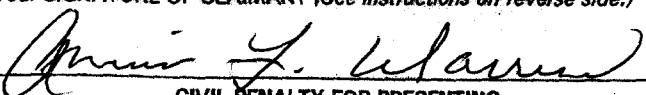
17. If deduction, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes, if yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) ☒ No

N/A

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1. Submit To Appropriate Federal Agency: <i>OFFICE OF PERSONNEL SERVICE (OS/PERSON)</i> Department of Veterans Affairs 2200 Fort Rucker Drive North Little Rock, AR 72114		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse side.) The Austin Law Firm 300 S. Spring St., Ste. 415 Little Rock, AR 72201			
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 4-21-45	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT 12-30-11	7. TIME (A.M. or P.M.) 7:15pm	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) On Dec 30, 2011 Herman Warren son of Annie Warren owner of the vehicle. Mr. Warren was hit by a BA officer, Carlton Dickerson. My client has sustained physical injuries that caused him to be terminated from his place of employment.					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) Annie Warren 1424 W. 16th North Little Rock, AR 72114					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) 2007 FORD Explorer (Red) damage to the left front side property located at client home address					
10. PERSONAL INJURY/WRONGFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
12. (See instructions on reverse) AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE 3927.58	12b. PERSONAL INJURY N/A	12c. WRONGFUL DEATH NA	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) 3927.58		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) 			13b. Phone number of signatory 501-324-9300	14. DATE OF CLAIM 8-29-12	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1007.)		

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PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE REPRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN **TWO YEARS** AFTER THE CLAIM ACCRUES.

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The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

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to

Director, Torts Branch
Civic Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

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16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

N/A

17. If deduction, state amount

18. If claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A

19. Do you carry public liability and property damage insurance? ☐ Yes, if yes, give name and address of insurance carrier (Number, street, city, State, and Zip Code) ☐ No

N/A

Department of Veterans Affairs
Office of Regional Counsel
2200 Fort Roots Drive, Bldg 5
North Little Rock, AR 72114
Phone 501-257-4122
Fax 501-257-4133

CERTIFIED MAIL - RRR

September 27, 2012

In Reply Refer To: GCL76319

Direct Line: (501) 257-4129

Ms. LaTonya Laird Austin
The Austin Law Firm, PLLC
300 Spring Street, Ste 415
Little Rock, AR 72201

Re: Administrative Tort Claim of Herman Warren

Dear Ms. Austin:

After careful consideration by this office, we have determined that your client's claim is not amenable to administrative resolution. Accordingly, the claim is hereby denied.

If you are dissatisfied with this decision, you may file a request for reconsideration of with client's claim with the VA General Counsel by any of the following means: (1) you may mail your request to the Department of Veterans Affairs, General Counsel (021B), 810 Vermont Avenue, N.W., Washington, DC 20420; (2) you may file your request by data facsimile (fax) to (202) 273-6385; or (3) you may e-mail your request to OGC.torts@mail.va.gov. To be timely filed, VA must receive this request prior to the expiration of six months from the date of the mailing of this final denial. Upon filing such a request for reconsideration, the Department of Veterans Affairs shall have six months from the date of that filing in which to make final disposition of the claim, and your option to file suit in an appropriate United States District Court under 28 U.S.C. 2675(a) shall not accrue until six months after the filing of such request for reconsideration (28 C.F.R. Section 14.9).

In the alternative, if you are dissatisfied with the action taken on this claim, you may file suit in accordance with the Federal Tort Claims Act, sections 1346(b) and 2671-2680, Title 28, United States Code, which provides that a tort claim that is administratively denied may be presented to a Federal district court for judicial consideration. Such a suit must be initiated within six months after the date of the mailing of this notice of final denial as shown by the date of this letter (section 2401(b), Title 28, United States Code). If you do initiate such a suit, you are further advised that the proper party defendant is the United States, not VA.

Sincerely yours,


ROGER T. GRAY
Assistant Regional Counsel

cc: CAVHS Medical Center, Little Rock, AR 72205



Department of Veterans Affairs
Office of Regional Counsel
2200 Fort Roots Drive, Bldg 5
North Little Rock, AR 72114
Phone 501-257-4122
Fax 501-257-4133

CERTIFIED MAIL - RRR
September 27, 2012

In Reply Refer To: GCL76320
Direct Line: (501) 257-4129

Ms. LaTonya Laird Austin
The Austin Law Firm, PLLC
300 Spring Street, Ste 415
Little Rock, AR 72201

Re: Administrative Tort Claim of Jordan Warren

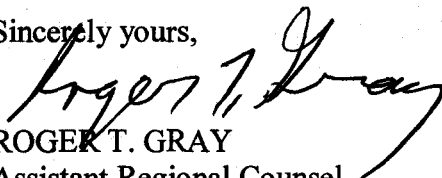
Dear Ms. Austin:

After careful consideration by this office, we have determined that your client's claim is not amenable to administrative resolution. Accordingly, the claim is hereby denied.

If you are dissatisfied with this decision, you may file a request for reconsideration of with client's claim with the VA General Counsel by any of the following means: (1) you may mail your request to the Department of Veterans Affairs, General Counsel (021B), 810 Vermont Avenue, N.W., Washington, DC 20420; (2) you may file your request by data facsimile (fax) to (202) 273-6385; or (3) you may e-mail your request to OGC.torts@mail.va.gov. To be timely filed, VA must receive this request prior to the expiration of six months from the date of the mailing of this final denial. Upon filing such a request for reconsideration, the Department of Veterans Affairs shall have six months from the date of that filing in which to make final disposition of the claim, and your option to file suit in an appropriate United States District Court under 28 U.S.C. 2675(a) shall not accrue until six months after the filing of such request for reconsideration (28 C.F.R. Section 14.9).

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Sincerely yours,


ROGER T. GRAY
Assistant Regional Counsel

cc: CAVHS Medical Center, Little Rock, AR 72205



Department of Veterans Affairs
Office of Regional Counsel
2200 Fort Roots Drive, Bldg 5
North Little Rock, AR 72114
Phone 501-257-4122
Fax 501-257-4133

CERTIFIED MAIL - RRR
September 27, 2012

In Reply Refer To: GCL76434
Direct Line: (501) 257-4129

Ms. LaTonya Laird Austin
The Austin Law Firm, PLLC
300 Spring Street, Ste 415
Little Rock, AR 72201

Re: Administrative Tort Claim of Annie Warren

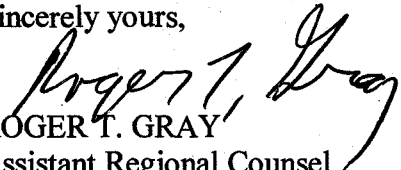
Dear Ms. Austin:

After careful consideration by this office, we have determined that your client's claim is not amenable to administrative resolution. Accordingly, the claim is hereby denied.

If you are dissatisfied with this decision, you may file a request for reconsideration of with client's claim with the VA General Counsel by any of the following means: (1) you may mail your request to the Department of Veterans Affairs, General Counsel (021B), 810 Vermont Avenue, N.W., Washington, DC 20420; (2) you may file your request by data facsimile (fax) to (202) 273-6385; or (3) you may e-mail your request to OGC.torts@mail.va.gov. To be timely filed, VA must receive this request prior to the expiration of six months from the date of the mailing of this final denial. Upon filing such a request for reconsideration, the Department of Veterans Affairs shall have six months from the date of that filing in which to make final disposition of the claim, and your option to file suit in an appropriate United States District Court under 28 U.S.C. 2675(a) shall not accrue until six months after the filing of such request for reconsideration (28 C.F.R. Section 14.9).

In the alternative, if you are dissatisfied with the action taken on this claim, you may file suit in accordance with the Federal Tort Claims Act, sections 1346(b) and 2671-2680, Title 28, United States Code, which provides that a tort claim that is administratively denied may be presented to a Federal district court for judicial consideration. Such a suit must be initiated within six months after the date of the mailing of this notice of final denial as shown by the date of this letter (section 2401(b), Title 28, United States Code). If you do initiate such a suit, you are further advised that the proper party defendant is the United States, not VA.

Sincerely yours,


ROGER T. GRAY
Assistant Regional Counsel

cc: CAVHS Medical Center, Little Rock, AR 72205